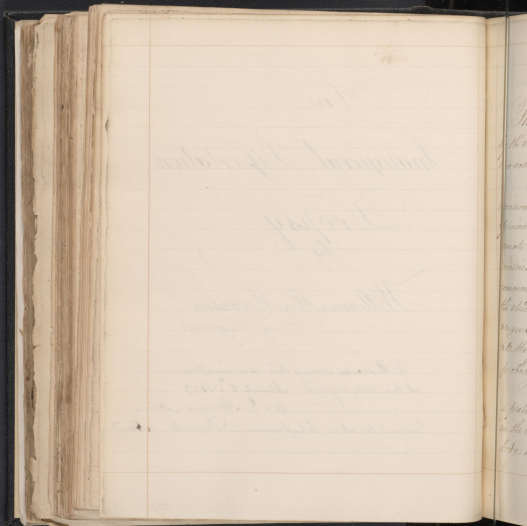


An
Inaugural Dissertation
on
Dropsy
by
William A. Morrison
of Virginia.

Withdrawn during his examination
at his own request March 5th 1823

W. L. Horner, Secy

Examined by Alex Chapman - Physician - Nord



Idiocy

This is one of the diseases which has been described by the older medical writers, but the development of its true nature has been left to modern times.

Deeming it unnecessary on the present occasion to trace its history and attend to all the various opinions which have been entertained respecting its remote and proximate causes and its appropriate remedies, I will confine myself to a few of its more common forms and their remedies; sufficient for the elucidation of the principles upon which the original disease and action takes place, and upon which all the forms and locations of Idiocy must probably depend.

By the term Idiocy we understand a preternatural collection of serous or watery fluids in the cellular membrane or the cavities of the body; which collections have received various

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appellations according to their location. Of these, the three most common forms are, Hydrothorax, Ascites, and Anasarca; and it is to them that I wish to confine my attention.

It may presume that the cause of Dropsy being general, every cavity in the body capable of being distended, may become the seat of this disease. Among these the Thorax is one which frequently exhibits the symptoms of Dropsy in their most alarming extent and unequivocal character.

The symptoms of Hydrothorax are, a sensation in the chest of the fluctuation of a fluid, sometimes sensible to the patient, at others only discoverable by the Physician, after minute examination. Difficulty of breathing occasioned by the pressure of the hydroptic fluid upon the lungs, increased difficulty of breathing and anxiety of feeling in a recumbent posture and immediate alleviation of them upon assuming an erect position. Shortness of breath and Cough which is at first dry, but as the



The gastric evacuations, becomes more troublesome and
unaccompanied with ^{any} pain ^{or} ^{distention} ^{of} the stomach
by presence of this mucus; Salivary of the face and
frequent interruptions of sleep by a sensation of suffocation.

The urine is diminished in quantity, highly coloured
and deposits a sediment. It is also altered by Blackall
to be coagulable by heat. The feet and legs are, in some
instances, affected by edematous swelling. A numbness
in the arms also attends some instances of Nephritis.

When all these symptoms are apparent we doubt can
reasonably be entertained of the existence of the disease
in question. When the fluctuation of the fluid is
perceived by the patient without the concurrence of
other characteristic symptoms, in any remarkable
degree, it may sometimes be referred to the stomach
when that viscus is distended with fluid. The
difficulty of breathing, palpitation of the heart, aggravated
by every exertion, and distressing feelings in a horizontal
posture, may also be ranked as symptoms of cardiac
or pulmonary derangement independent of hydroptic
distension, but when all the symptoms which have
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been evacuated, occur more especially the Induration
in the chest, being equally perceptible when the stomach
is full and at a considerable time after any thing has
been introduced into it, demonstrate the existence
of Dropsy.

Hydrothorax sometimes makes its
appearance without any previous symptoms of Dropsy
in any other part. It is not always general in the
cavity of the thorax, being sometimes confined to one
side alone.

The prognosis in *Hydrothorax* is
generally unfavorable.

The *Hydrothorax* Pulmonum is attended by
Symptoms so similar to those of the last
mentioned form of Dropsy, as scarcely to be
distinguishable. The continual difficulty of
respiration, however, not alleviated by change
of position, the greater effect of motion, the
pain about the præcordia and the impossibility
of making a copious exhalation, may enable the

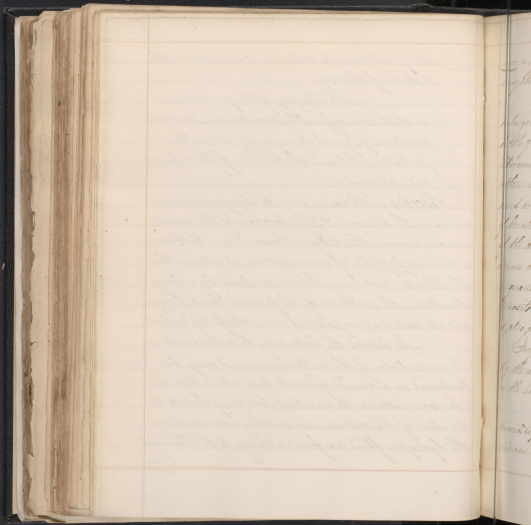
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The practitioners to decide, in some instances, the nature of the case.

The *Osophagus* of the pericardium is still more difficultly ascertained. It receives frequent syncope and a tremulous pulsation between the third and fifth ribs, as indicative of it.

Ascites is the name given to Dropsy when it occurs in the abdomen. This location of the disease is more common than *Hydrothorax*, but, as the abdomen is more susceptible of examination at exterior than the Thorax; not being like it, enclosed by a bony structure, the condition of the present kind of Dropsy and its extent are capable of more satisfactory investigation.

In *Ascites* the water may be extravasated in the general cavities of the peritoneum, or it may be contained in a number of small bags called *Kysticks*. In some instances the membrane has been found to be the seat of the disease, and in others sacs containing the hydropic fluid are found adhering to the abdominal viscera.



rise, a, giving rise to the term *Hydrops scrotatus*, or
enlarged scrotum.

The symptoms of ascites are, a prodigious
enlargement of the abdomen, a fluctuation, evident
to the feeling by applying one hand to one part of the
abdomen, whilst the ^{other} is suddenly pressed upon by the
other, a sense of weight and distension, sometimes
most evident in the most depending part. A difficulty
of breathing consequent to the pressure of the contents
of the abdomen upon those of the thorax. The
urine, as in other forms of Dropsy, is diminished
in quantity, more viscid than natural and frequently
deposits a sediment. A slight degree of fever
is, also, not an uncommon attendant upon ascites.

Enlarged Dropsy may be distinguished from ascites
by the swelling being confined there to a part, while
in the latter it is general.

Enlarged Dropsy, that of the
testis is perhaps the most common. This form of
disease commences by a swelling in the right or
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Left hypochondriac region, where a considerable tumour is formed, causing an uneasy, irritable sensation in the part, but not much pain. The cyst may at length become so large as to discontinue the glans testis. The remarkable dyspnoea of Abdominal enlargement common to Leukos and Hydrothorax, it is said, being mistaken for pregnancy. But the methods of distinction between Abdominal Swelling and Pregnancy are so numerous and obvious that I do not consider an enumeration of them necessary.

Induratio is that form of Oedema which pervades the cellular membrane generally. The skin in this disease is pale, soft, and capable of being compressed into small pits by the fingers, which do not immediately disappear upon the removal of the pressure. The formation of swelling is more common to the lower extremities and is always greatest after the patient has been for some time in an erect posture, especially if he has exercised much in walking. This may be owing to two causes, first the gravitation of the fluid through the cellular membrane towards

towards the most dependent part, and, secondly, from the greater difficulty of the return of the venous blood accordingly, rest in a recumbent position, mitigates the symptoms in the feet, ankles and legs, while more of the fluid occupies the region of the abdomen and chest. Swelling the ankles, thirst, febrile pulse, stopping of urine, and sometimes difficulty of breathing, are symptoms of anasarca. This disease may catch alone, but it is not uncommonly found accompanying other forms of Dropsy, as hydrothorax and ascites.

Causes of Dropsy

In assigning a cause to the collection of Dropsical effusions, we must first assume the principle, that, whatever ultimate causes may have operated upon the system, the immediate derivation of the fluid in question must be from the blood. The manner in which such deposition from this fluid may take place is our next subject.

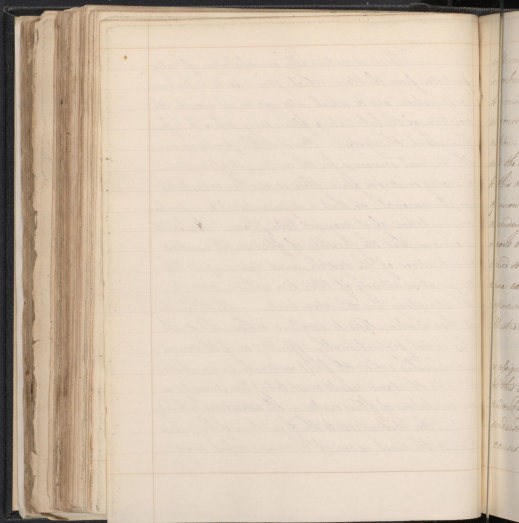
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There is continually an exhalation of watery particles from the blood, which gives rise to cutaneous perspiration and to which, also, we must ascribe the existence of the lubricating fluids every where to be found throughout the system. Besides this provision in the animal economy for the continual production of watery or serous fluid, there is another calculated for its removal, so that a supernatural or unnecessary accumulation of it may not take place. Hence it is obvious, that the quantity of fluid in the cavities or interstices of the system, much depends upon the comparative activity of these two actions, namely, the secretory and the absorbent. If the first of these is stimulated to excessive action, while the other is not proportionally affected; or, if the second is diminished while the first continues in an abated activity, the same result must take place; namely, an accumulation of fluid matter in the interstices of the body.

An obstruction to the free return of the venous blood to the heart, is one of the causes which may,

L. J. J. J.



influence this disposition between the secretory and absorbent actions. Because, of the extreme veins being to receive their common proportion of blood, the arteries in connexion with them, continuing their natural action, the blood or such parts of it as are admissible into the capillary vessels, will naturally tend more forcibly to this directed action. Lower has rendered this opinion more than hypothetical by enclosing the ascending Cava of an animal, in a ligature, and observing several extravasations as the consequence. The experiment varied so as to substitute the jugular vein for the vena cava exhibited similar results. The circumstance of exposure to cold influencing superficial affections, also illustrates this position.

The suppression of natural excretion is assigned as a cause of Dropsy. That circumstance of this nature, so sometimes attends the disease, is seldom fully true; but, it does not appear to be perfectly understood, whether they are produced by the same causes which gave rise to the Dropsy, or whether they

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The former appears to have been the opinion of Galien.

A general debility is that state which is most favorable to the existence of Dropsy, or at least, the most admissible for the action of those proximate causes which produce watry effusions in the cavities of the body. Hence any agent that will affect the healthy tone of the system may be traced as a cause of this disease. Nevertheless, the disease itself cannot be termed one of debility, inasmuch as it is attended by such increased action as to require depletion remedies. For our doctrine of the febrile nature of Dropsy, we are, I believe, indebted to the late Dr. Keach. Among the remote or predisposing causes may be ranked, frequent salivations, long continued evacuations and perhaps indulgence in spirituous liquors. Dyspepsia, indeed, proverbially, die of Dropsy. Visceral obstructions also give rise to some forms of the disease.

As in Hydrothorax, Ascites and Anasarca the parts are supplied with albumen, whose office it is to remove

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Remove unnecessary matters, and, if properly performed, would carry off the effused fluid, the continuance of the disease, at least, if not its origin, must be referred to the absorbents. (Dropsy, therefore, may be ranked among the diseases of the absorbent system).

In the cure of Dropsy, three indications present themselves - First, to remove the effused fluid; second to diminish the morbid action, and third, to increase that of the absorbents.

The removal of the fluid may be accomplished either by mechanical means, or by attention to the third indication - viz: by stimulating the absorbent system.

In Hydrothorax such difficulties present themselves to the Surgeon, that Tapping is seldom resorted to. In the first place, the operation must be performed immediately in the neighbourhood of parts which could not be wounded without the most imminent danger to the patient, so that the operation can only be admissible when a skilful Surgeon is directed by

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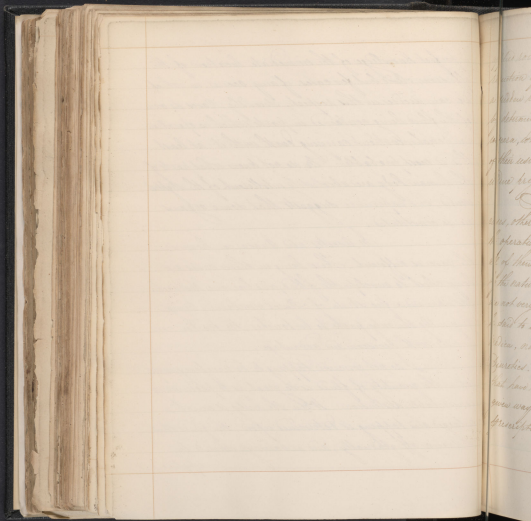
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a perfect knowledge of the immediate location of the
effusion. And but few cases, if any, occur, in which
we can decide in this respect. Secondly, Cases do occur
of the fluid being contained in parts which no operation
can reach, without carrying death with it. at least
this is most probable. We do not know what parts of
the human body are absolutely intolerant of the slightest
wound, but experience suggests that some organs
are so constituted.

In ascites and anasarca, however,
the case is different. There being in these cases no
long clot to envelop the fluid, and but one research,
the skin and a few strata of cellular membrane, being
frequently the only parts to be touched, the treatment can
be used with decision and advantage.

I do not conceive tapping to be necessary, except
when the quantity of fluid is so great, as to produce very
considerable distension. When the belly is much
enlarged and tapping is determined upon, the fluid should
be drawn off gradually, and a bandage should be
applied.



applies against the abdomen to compensate for the reduction of pressure upon its contents by the water, a sudden reduction of which, might be injurious. by detaining the blood too forcibly towards the viscera, which may be supposed to have been deprived of their usual quantity of blood, on account of the undue pressure which they had to sustain.

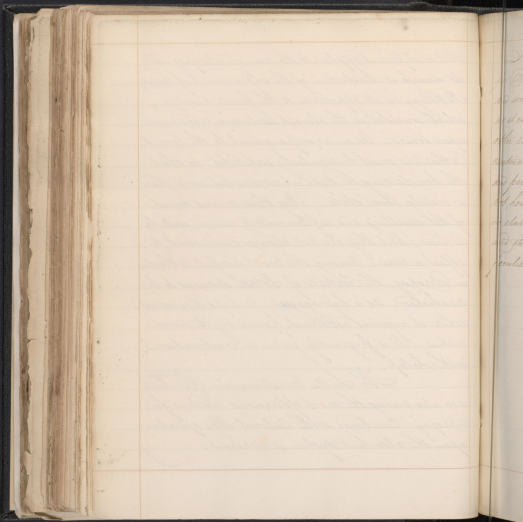
In the greatest number of Dropsical cases, other means are relied upon exclusively of the operation of tapping. The general object of all of them is to promote the discharge of the fluid by the natural subtils of the system. These remedies are not very limited in their number. They may be said to include several classes of the Materia Medica, namely, Cathartics, Diaphoretics and Diuretics. Many of the substances, however, that have been formerly cited in Dropsy have given way to the superior powers of a few modern prescriptions.

Bloodletting is one of the first remedies that

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that is at present applied to the cure of Dropsy, and its success is illustrative of the improvement of Modern Pathology in its application to the former practice, which consisted in the almost exclusive dependence upon tonics. As an accompaniment to the lancet Cathartics must be regularly exhibited, so that the bowels may be kept in somewhat more than a merely loose state. By these means much of the dwelling and inflammatory action will be reduced; but they are not always sufficient to effect a cure. Among the most useful Cathartics in Dropsy, the ~~Extr~~ of Senna deserves to be mentioned. As a hydragogue, perhaps it is undervalued, while it acquires additional power by its diuretic virtues. It is frequently given in combination with Salap.

The Silla Maritima and Rhus ^{toxa} are also among the most efficacious remedies for Dropsy. Combined with Calomel this operation upon the absorbent system is increased.



I have mentioned only those methods of cure
for Dropsy which are the most powerful and obvious,
and which are most generally adapted to the disease,
as it commonly appears. There are a variety of
other remedies which have been employed and still
continue in use, whose powers may be considered
and peculiarly adapted to particular cases. Have
not, however, considered it necessary to enter upon
an elaborate detail of the varieties of Dropsy,
and its remedies, as would comprehend all their
peculiarities.

